Complete Summary

GUIDELINE TITLE

Family-centered care and the pediatrician's role.

BIBLIOGRAPHIC SOURCE(S)

Family-centered care and the pediatrician's role. Pediatrics 2003 Sep;112(3 Pt 1):691-6. [40 references] PubMed

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pediatric health and well-being

GUIDELINE CATEGORY

Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Hospitals
Nurses

Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To outline the core principles of family-centered care, summarize the recent literature linking family-centered care to improved health outcomes, and list various other benefits to be expected when engaging in family-centered pediatric practice
- To provide specific recommendations for how pediatricians can integrate family-centered care in hospitals, clinics, and community settings as well as in more broad systems of care

TARGET POPULATION

Pediatric patients, including infants, children, adolescents, and young adults up to age 21, and their families

INTERVENTIONS AND PRACTICES CONSIDERED

Family Centered Care

1. Respecting each child and his or her family
2. Honoring racial, ethnic, cultural, and socioeconomic diversity and its effect on the family's experience and perception of care
3. Recognizing and building on the strengths of each child and family, even in difficult and challenging situations
4. Supporting and facilitating choice for the child and family about approaches to care and support
5. Ensuring flexibility in organizational policies, procedures, and provider practices so services can be tailored to the needs, beliefs, and cultural values of each child and family
6. Sharing honest and unbiased information with families on an ongoing basis and in ways they find useful and affirming
7. Providing and/or ensuring formal and informal support (e.g., family-to-family support) for the child and parent(s) and/or guardian(s) during pregnancy, childbirth, infancy, childhood, adolescence, and young adulthood
8. Collaborating with families at all levels of health care, in the care of the individual child, and in professional education, policy making, and program development
9. Empowering each child and family to discover their own strengths, build confidence, and make choices and decisions about their health

MAJOR OUTCOMES CONSIDERED

Health Outcomes

- Anxiety
- Recovery time
- Crying and restlessness
- Need for medication

- Emotional distress and coping during procedures, hospitalization, posthospital period, and recovery
- Parent confidence and problem-solving capacity
- Mental health status of mothers of children with chronic illness

Medical Facility Response

- Hospital patient and family satisfaction scores
- Standardized measure of medical home implementation

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Pediatricians should actively consider how they can ensure that the core concepts of family-centered care are incorporated into all aspects of their professional practice.
2. Pediatricians should unequivocally convey respect for parents' or guardians' unique insight into and understanding of their child's behavior and needs, should actively seek out their observations, and should appropriately incorporate family preferences into the care plan. Decisions on a patient's plan of care should be made only after such consultation has been made. In hospitals, conducting attending physician rounds (i.e., patient presentations and rounds discussions) in the patients' rooms with the family present should be standard practice. This will facilitate the exchange of information between the family and other members of the child's health care team and encourage the involvement of the family in the decisions that are commonly made during rounds. In teaching hospitals in particular, a lasting impression will be made on students and house staff when they are encouraged in this process by their attending physician.
3. Working with families in decision making and information sharing in all practice settings should always take into account the older child's and young adult's capacity for independent decision making and right to privacy and confidentiality.
4. Parents and guardians should be offered the option to be present with their child during medical procedures and offered support before, during, and after the procedure.
5. Pediatricians should promote the active participation of all children in the management and direction of their own health care, beginning at an early age and continuing into adult health care.
6. In collaboration with families and other health care professionals, pediatricians should examine systems of care, individual interactions with patients and families, and patient flow and should modify these as needed to improve the patient's and family's experience of care.
7. In every health care encounter, pediatricians should share information with children and families in ways that are useful and affirming. They should also ensure that there are systems in place that facilitate children and families' access to consumer health information and support.

8. Pediatricians should encourage and facilitate family-to-family support and networking, particularly with families of similar cultural and linguistic backgrounds or families who have children with the same type of medical condition.
9. In hiring staff, developing job descriptions, and designing performance-appraisal processes, pediatricians should make explicit the expectation of collaboration with patients and families and other family-centered behaviors.
10. Pediatricians should create a variety of ways for children and families to serve as advisors—as members of child or family advisory councils, committees, and task forces dealing with operational issues in hospitals, clinics, and office-based practices; as participants in quality improvement initiatives; as educators of staff and professionals in training; and as leaders or coleaders of peer support programs.
11. Health care institutions should design their facilities to promote the philosophy of family-centered care. Pediatricians should advocate for opportunities for children and families to participate in design planning for renovation or construction of hospitals, clinics, and office-based practices.
12. Education and training in family-centered care should be provided to all trainees, students, and residents as well as staff members.
13. Ongoing research on outcomes and implementation of family-centered care in all venues of care, including community-based pediatrics, is needed.
14. Families should be invited to collaborate in pediatric research programs. They should have a voice at all levels in shaping the research agenda, in determining how children and families participate in research, and in deciding how research findings will be shared with children and families.
15. Health care payment systems should examine their policies to ensure that appropriate reimbursement is provided for family-centered services.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Benefits for Patients and Their Families

- Decreased anxiety
- Accelerated recovery time
- Reduced crying and restlessness
- Decreased emotional distress with better coping during procedures, hospitalization, posthospital period, and recovery
- Increased parent confidence and problem-solving capacity
- Improved mental health status of mothers of children with chronic illness

Improved Medical Facility Performance

- Improved hospital patient and family satisfaction scores
- Improvement on standardized measure of medical home implementation
- Improved staff satisfaction

Benefits of Family-centered Care for Pediatricians

- A stronger alliance with the family in promoting each child's health and development
- Improved clinical decision making on the basis of better information and collaborative processes
- Improved follow-through when the plan of care is developed collaboratively with families
- Greater understanding of the family's strengths and caregiving capacities
- More efficient and effective use of professional time and health care resources (e.g., more care managed at home, decrease in unnecessary hospitalizations and emergency department visits, more effective use of preventive care)
- Improved communication among members of the health care team
- A more competitive position in the health care marketplace
- An enhanced learning environment for future pediatricians and other professionals in training
- A practice environment that enhances professional satisfaction
- Greater child and family satisfaction with their health care

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Family-centered care and the pediatrician's role. Pediatrics 2003 Sep;112(3 Pt 1):691-6. [40 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Sep

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Hospital Care

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Web site.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on February 19, 2004. The information was verified by the guideline developer on April 2, 2004.

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